



Office of Criminal Justice Assistance  
**NARCOTIC TASK FORCES**  
 Quarterly Progress Report

Today's Date \_\_\_\_\_ Grant # \_\_\_\_\_

Task Force Name \_\_\_\_\_

Prepared By \_\_\_\_\_ Telephone \_\_\_\_\_

This report for Quarter: (select) Select From List

**Final report must be an evaluation of the project for entire year.**

Enter information for THIS REPORTING PERIOD (QUARTER) ONLY.

**SECTION I. Case Information**

Cases initiated in this quarter	Cases turned over to another agency (state, fed, etc.)	Cases Pending	Cases Closed	Cases you are assisting other agencies

**Section II. Offender Information**

Offenders Arrested		Offenders Prosecuted	
Adults Arrested	Juveniles Arrested	Adults Prosecuted	Juveniles Prosecuted

**Section III. Property Information**

Property Seized			Property Forfeited		
Item	Number	Estimated Dollar Value	Number	Dollar Value	Retained for Use
Money/Currency (# of incidents)					
Vehicles					
Weapons					
House/Condo					
Other					

**OUTCOME MEASURE #1:      Reduce the domestic production of methamphetamine.**

**Output Measure #1:      Number of meth investigations.**

- A.    How many meth related investigations were conducted? \_\_\_\_\_
- B.    How many meth related search warrants were issued? \_\_\_\_\_
- C.    How many meth related arrests were made? \_\_\_\_\_

**Output Measure #2:      Number of meth labs seized.**

- A.    How many meth labs were seized? \_\_\_\_\_
- B.    How many involved minors? \_\_\_\_\_
- C.    How many meth dump sites were discovered? \_\_\_\_\_
- D.    How many meth related sites were mitigated or cleaned up? \_\_\_\_\_

**Output Measure #3:      Amount of meth seized.**

- A.    How much meth was seized in grams? \_\_\_\_\_
- B.    How much was the estimated street value? \_\_\_\_\_
- C.    How much meth precursors was seized in grams? \_\_\_\_\_
- D.    How much meth was purchased in grams? \_\_\_\_\_
- E.    What was the estimated street value? \_\_\_\_\_

**OUTCOME MEASURE #2:      Reduce the victimization of and by illegal drugs.**

**Output Measure #1:      Number of prevention programs.**

- A.    How many prevention programs occurred? \_\_\_\_\_
- B.    How many prevention awareness trainings were provided for law enforcement? \_\_\_\_\_
- C.    How many school resource officers were funded? \_\_\_\_\_

**Output Measure #2:      Number of drug court programs.**

- A.    How many drug courts were funded? \_\_\_\_\_
- B.    How many drug court participants? \_\_\_\_\_
- C.    How many drug court graduates? \_\_\_\_\_

**Output Measure #3:      Number of treatment programs.**

- A.    How many institutional based treatment programs were funded? \_\_\_\_\_
- B.    How many community based treatment programs were funded? \_\_\_\_\_
- C.    How many aftercare programs were funded? \_\_\_\_\_

Please report on the following table, any drugs confiscated.

QUARTERLY DRUG INFORMATION

Note: Use grams and/or units to indicate drug amounts. 1 oz = 28.35 grams 16 oz = 1 pound 1 Dose Unit = 1 pill, capsule, tablet or stamp

**SECTION V. Drug Totals**

DRUG	Amount bought	Price Paid	Amount Seized	Units Seized	Street Value
<b>OPIATES</b>					
Heroin					
Other					
<b>CANNABIS</b>					
Marijuana					
Marijuana Plants					
<b>HALLUCINOGENS</b>					
LSD					
Mushrooms					
Other					
<b>STIMULANTS</b>					
Cocaine					
Crack					
Methamphetamine					
Amphetamine					
Other					
<b>DEPRESSANTS</b>					
Barbiturates					
Other					
<b>PARAPHERNALIA</b>					
Unknown Drugs					
Other					
<b>TOTALS</b>					

#### SECTION IV.

#### Terrorist-Related Activities

Please indicate any arrests for activities that were suspected terrorist-related. \_\_\_\_\_

Comments: \_\_\_\_\_

Please indicate any arrests for activities which were confirmed terrorist-related. \_\_\_\_\_

Comments: \_\_\_\_\_

Please comment on any significant arrests/activities not already included in this report. (Attach additional pages if necessary).

\_\_\_\_\_

Reports must be completed within 15 days after the close of the quarter for which you are reporting. Mail completed reports to your program manager. Include any press releases, newspaper clippings and/or photos.

#### SECTION V. Equipment

If the Grant Award Agreement allows for equipment purchases, has any equipment been purchased? If YES, please list on the PROPERTY RECORD provided with the Project Director's Manual. Copy as many sheets as necessary. Please detail below any problems encountered in ordering/receiving grant equipment. Did you use the FALCON'S NEST program? If not, why? If yes, did you receive satisfactory results through the program. Please elaborate. \_\_\_\_\_

#### GOALS & OBJECTIVES

Please indicate the status of each Objective as outlined in your Grant Application. Include the projections for each quarter versus the actual. Describe the quantity and type of drugs seized, number of clandestine laboratories discovered, and/or number of arrests. [Use additional sheets if necessary.](#)

Objective # _____ :					
Projected Total	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE
Objective # _____ :					
Projected Total	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE
Objective # _____ :					
Projected Total	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE

Objective # _____ :					
Projected Total	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE

If training was part of the objective, please describe training received THIS QUARTER

**NARRATIVE:**

If the project is not meeting its goals and objectives, explain why. If applicable explain the problems causing the delay and what is being done to rectify the situation. If appropriate identify changes needed to accomplish the project. State if technical or other assistance is needed during the coming quarter. If assistance has been provided, state the problems addressed and the results of the assistance provided. Are you satisfied with the results you have achieved this quarter? ☐ YES ☐ NO

Explain. \_\_\_\_\_

**CONTRACTS:**

☐ YES ☐ NO Did this project require contractual services?

☐ YES ☐ NO Was the contract put out for bid?

What was the amount of the contract? \_\_\_\_\_ How many years was the contract for? \_\_\_\_\_

**OPERATING EXPENSES:**

☐ YES ☐ NO Are operating expenses being spent at the suggested rate of 25% for each quarter?  
If not, why? \_\_\_\_\_

☐ YES ☐ NO Were there unforeseen expenditures for the project? What were they? \_\_\_\_\_

**CONFIDENTIAL FUNDS:**

Does this grant authorize the use of Confidential Buy Funds? ☐ YES ☐ NO

Each project shall prepare a reconciliation report on a quarterly basis. Information to be included in the reconciliation report will be the assumed name of the informant given, to what extent this informant contributed to the investigation, date of payment to informant, and amount paid. Subrecipients shall submit said reconciliation report on a quarterly basis maintaining a copy in their files. Attach a copy.

Have you attached a copy to this quarterly reporting form. ☐ YES ☐ NO

**SEIZURE/FORFEITURE FUNDS:**

BJA requires any seized or forfeited funds your program received as a result of grant funding must be reported.

Total of seizures/forfeitures received this quarter \_\_\_\_\_

Federal Share of seizures/forfeitures received this quarter \_\_\_\_\_

## TRAINING

Please list training attended during the quarter: Attach additional sheets if necessary.

	Name of Training Received This Quarter	Date Attended
1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		

It is important to involve the community in substance abuse control activities. Please indicate any training provided to communities during the quarter. Use additional sheets if necessary.

	Name of Training Presented This Quarter	Date Presented
1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		

## NARRATIVE

Provide information outlining large or unusual cases, please do not use individual names or exact locations. Newspaper clippings or press releases should be attached.

**Give an overall summary of the project and how it is progressing. Explain why grant funds are valuable to your program.**

\_\_\_\_\_

## EVALUATION:

Explain success or failure of project to date. \_\_\_\_\_

If project has been unsuccessful, what measures will be taken to ensure success? \_\_\_\_\_

☐ YES    ☐ NO

Do you feel that the Office of Criminal Justice Assistance is providing the aid you need for this project?  
If not, please explain what we can do to provide the services you require.

## COMMENTS:

\_\_\_\_\_

I CERTIFY THAT THIS REPORT IS ACCURATE AND IN ACCORDANCE WITH OCJA POLICIES AND PROCEDURES.

\_\_\_\_\_  
Signature - Project Director

\_\_\_\_\_  
Title

REVIEWER'S COMMENTS (For OCJA use only)


Program Manager Signature \_\_\_\_\_ Date \_\_\_\_\_